

# UGANDA CHRISTIAN UNIVERSITY

## STAFF LEAVE APPLICATION FORM

Type of Leave (Tick as appropriate)

ID No.....

Annual  Study  Maternity  Paternity  Sick  Unpaid  Compassionate

### A. EMPLOYEE DETAILS

Name of Employee in Full:.....

Department: ..... Section.....

Contact Address while on leave .....

Telephone Contact: .....

Proposed Leave Dates: From: .....to.....

Previous Leave Dates: From: .....to.....

Signature of the applicant: .....Date: .....

### B. VERIFICATION BY HUMAN RESOURCE OFFICE

No. of Days Previously Taken..... No. of Days Outstanding.....

Signature: ..... Date.....

Human Resource Office

### C. RECOMMENDATION

I recommend that He/She takes.....days from .....to.....

Signed:.....Date:.....

Dean/Head of Department

No. of Days Previously Taken..... No. of Days Outstanding.....

Who will cover during the applicant's leave? .....

### D. APPROVAL

Deputy Vice Chancellor (Academic Affairs) .....Date.....

Deputy Vice Chancellor (Finance & Administration) .....Date.....

Deputy Vice Chancellor (Development & External Relations) .....Date.....

Vice Chancellor.....Date.....

Note:-

1. Teaching Staff can get leave only during academic holidays.
2. Annual Leave is 22 working days for all categories of staff
3. The original form is retained by the Human Resource Department and one copy of the form is submitted to the Head of Department.
4. Application forms from all staff below category 3 should be approved by either respective Deputy Vice Chancellor
5. Leave must be applied for and approved at least 2 (two) weeks before the start of the intended leave.